## 1. THIS SECTION TO BE COMPLETED BY REQUESTING AGENCY TENANT SERVICE REQUEST TELEPHONE REQUESTER RM NO. NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF PROPERTY MANAGEMENT & CONSTRUCTION OFFICE OF BUILDING MGT. & OPERATIONS AGENCY NAME DATE AGENCY TSR # PO BOX 038, TRENTON NJ 08625-0038 INSTRUCTIONS: All information in Section 1. is to be completed by the Requesting Agency. (Please type or print) Submit the completed White and Canary copy to Building Management with any additional required documentation. **Building:** Floor/Rm. No.: For Additional Information Contact: Tel No.: Name: JOB DESCRIPTION AND REMARKS (only one job per request form) Agency Acct. No. Agency Approval DO NOT WRITE BELOW -- FOR BUILDING MANAGEMENT USE ONLY 2. THIS SECTION TO BE COMPLETED BY O.B.M.O. EST. LABOR COST EST. MAT. COST EST. TOT. COST **STATUS** TOT. EST. HRS. **EST. START DATE EST. COMPLETION** PRIORITY M.S.I. NUMBER(S) **CARPENTER FLOOR** LAB PLUMBER MECHANIC INSTALLER SHOP REPAIRER C/S PAINT SHOP CARPENTER LABORER **TRADES** REQUIRED SHOW SHEET METAL OTHER REPAIRER M.E.S. **ESTIMATED** HOURS IN OUTSIDE **BOXES** ELECT. MASON CONTRACTOR WORK TO BE DONE BY: CHECK REQUEST O.B.M.O. STAFF ☐ UNION TRADES OUTSIDE CONTRACTOR O.B.M.O. SUPERVISOR & DATE: ☐ DEBIT & CREDIT NO BILLING TYPE OF OTHER: MONTHLY **BILLING WORK ORDER NUMBER** ☐ YES □ NO 3. PERMIT REQUIRED: TRADE(S): WHITE - OFFICE OF BUILDING MGT. & OPERATIONS O.B.M.O. - OFFICE OF BLDG. MGMT./RETURN TO AGENCY CANARY DISTRIBUTION TSR NO. PINK - RETAINED BY AGENCY **TSRC**